

Residential Care or Assisted Living - RALF

ADMINISTRATOR COURSE

16SEP08

Licensing and Certification Program

- Division of Medicaid
- Idaho Department of Health and Welfare

Mission:

To ensure the residents of Idaho's RALFs receive quality care in a safe, humane, home-like living environment where their rights are protected

- Phone: 208-334-6626
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- Website: www.assistedliving.dhw.idaho.gov

Licensing and Certification Program Assisted Living Staff

- **Jamie Simpson – Program Supervisor**
- **Shane Carlton – Program Support**

Surveyors:

- **Sydney Braithwaite**
- **Rachel Corey**
- **Donna Henscheid**
- **Maureen McCann**
- **Karen McDannel**
- **Rae Jean McPhillips**
- **Polly Watt-Geier**

Guest Speakers

- Dale Eaton - Ombudsman Program
 - Idaho State Long Term Care Ombudsman
 - SAGE

- Ellie Merrick, LMSW - Overview of the Mobile Crisis Unit
 - Adult Mental Health
 - Idaho Department of Health and Welfare

- Eric Mundell, REHS - Fire and Life Safety
 - Health Facility Surveyor
 - Bureau of Facility Standards

Guest Speakers Cont.

- Elishia M Ricky - RALF Activities
 - Owner/Administrator
 - Trinity Assisted Living

- Suzan Roark, LMSW – Medicaid Mental Health Prior Authorization Unit
 - Clinician
 - Idaho Department of Health and Welfare

- Michelle Scoville-Dorman, LPC
 - Medicaid Mental Health Programs
 - Credentialing Specialist
 - Idaho Department of Health and Welfare

The Rules: IDAPA 16.03.22

- Definitions
- Policies and Procedures (100)
- Requirements (200 - 600)
 - Nursing/Medication (300 - 310)
 - NSA (320)
 - Resident Records (330)
 - Accidents/Incidents/Complaints (350)
 - Fire and Life Safety (400 - 420)
 - Basic Services (430)
 - Food/Dietary (450 - 460)
 - Resident Rights (550 - 560)
 - Staff requirements(600 - 645)
- Records (700)
- Enforcement Actions (900)

References

◦ *see course handout*

- 1. Written
 - The website
 - Informational letters
 - QA checklists
 - FAQs
- 2. Phone
- 3. Related Websites
 - Board of Nursing (BON)
 - Board of Pharmacy
 - Idaho Food Code

Administrator Responsibilities

■ Definition:

Administrator – An individual properly licensed by the Bureau of Occupational Licensing (BOL), who is responsible for day to day operation of a residential care or assisted living facility (010.05)

Requirements for a Facility Administrator (215)

- Each facility must be organized under 1 licensed administrator (adm) or have variance
- The adm is responsible for assuring the rules are implemented
 - Title 39, Chapter 33, Idaho Code
 - IDAPA 16.03.22
- The adm must be on site sufficiently to provide for safe and adequate resident care
- Must be available on-site within 2 hours
- The facility may not operate more than 30 days without a licensed adm

Requirements for a Facility Administrator Cont:

- The adm relatives or employees cannot act as or seek to become a legal guardian of or POA for any resident
- The adm must assure that no resident is knowingly admitted or retained who requires care defined in subsection 152.05
- The adm must assure that a non-resident on the sexual offender registry is not allowed to live or work in the facility
- The adm must assure that adult protection and law enforcement are notified in accordance with Section 39-5310, Idaho Code

Requirements for a Facility Administrator Cont:

- The adm must assure the facility procedures for investigation of incidents, accidents, and allegations of abuse, neglect, or exploitation are implemented to assure resident safety
- The adm must assure notification to the Licensing and Survey Agency of reportable incidents

Requirements for a Facility Administrator Cont:

- Administrator Designee: (215.10 & 730.01) A person in writing to act in the absence of the adm and who is knowledgeable of facility operations, the residents and their needs, emergency procedures, the location and operation of emergency equipment, and how the adm can be reached in the event of an emergency
- The adm or his designee must be reachable and available at all times

Requirements for a Facility Administrator Cont:

- The adm will assure that no personnel providing hands-on care or supervision services will be under 18 years of age unless they have completed a certified nursing assistant (CNA) certification course

- ° *see course handout*
 - *Administrator requirements*
 - *Administrator QA Checklist*

Supervision

- A critical watching and directing activity which provides protection, guidance, knowledge of the resident's general whereabouts and assistance with activities of daily living. The administrator is responsible for providing appropriate supervision based on each resident's Negotiated Service Agreement (NSA) or other requirements. (012.25)

DISCUSSION

- Mary is a resident at ABC AL. Until 3 weeks ago she is very independent and active. At that time she fell and fractured her lower right leg and sprained her right wrist. She can no longer transfer by herself but doesn't want to bother staff to assist her because they are busy with other residents, so she sits in a chair in the living room for extended periods. She has developed a stage II pressure ulcer on her buttocks that a caregiver noticed by accident while changing Mary's linen when Mary was getting dressed.

Most common problems identified on survey

- Meeting resident care needs
- Changes in “level of care”
- Lack of Supervision (resident and/or staff)
- Nursing
- Staff training/delegation (per BON rules)
- Medications*
- Assistance with eating/hydration
- Activities*
- NSAs/ to include BMPs
- Resident records – i.e. admission agreements/care notes not signed by caregivers/congruency
- Coordination of services
- Facility P&Ps
- Environment
- Idaho Food Code (kitchen inspection items)*

Meeting Resident Care Needs

Problems (core-issues):

- Staff not trained to meet care needs when there is a change in condition
- Inadequate staffing to meet residents with declining health status/increased level of care
- Retaining residents without capacity to provide care
- Incomplete NSAs: more information is required to guide staff to meet complex care needs
- Lack of coordination with outside services
- Inadequate nursing delegation

Changes in Level of Care

Problems:

- Residents not assessed by RN to obtain appropriate care when there is a change in condition
- Staff not trained to meet care needs when there is a change in condition
- NSA not reflective of changes in level of care
- Lack of coordination/communication with outside services

Rules:

153.03: Notification of Changes to Resident health

305.03: RN and Resident Health Status

305.04: RN recommendations to update NSA

320.08: NSA and Periodic Review

Lack of Supervision

Problems:

- Inadequate staffing to meet resident supervision needs
- Improperly trained staff to implement behavior management plans
- Non secured units
- Elopements, resident to resident incidents, falls
- Rules:
 - 225: Requirements for Behavior management
 - 250.14: Secure environment
 - 430.05: Basic Services (supervision)
 - 600.05: Supervision to staff
 - 600.06.a: Sufficient Personnel (supervision)

Nursing

- (300): Nursing services must be performed in accordance with IDAPA 23.01.01, “Rules of the Idaho Board of Nursing (BON)”
- (300.01): A facility nurse “must be on staff or under contract”
- (300.02): A licensed professional nurse (RN) must visit the facility at least once every ninety (90) days OR when there is a change in the resident’s condition
- (305): A licensed nurse must be available:
 - to address changes in resident’s health/mental status
 - to implement new physicians orders

Nurse continued:

- RN is responsible to assess and document:
 - Resident response to medications
 - Current medication orders
 - Resident health status
 - Recommendations to administrator
 - Review and F/U on above recommendations
 - “Duty to report” – to attending MD/state agency
 - Assessment: self-administration – medication
 - Medication Interaction/side effects/abuse
 - Resident and staff education
 - Discovered thru assessment or by MD direction

Staff Training/Delegation

Problem: Delegation is rarely accomplished following the BON rules.....

- IDAPA 23.01.01 – Rules of the Idaho State Board of Nursing
- 400 Decision-Making Model
- 401 Licensed Professional Nurse (RN or Registered Nurse)
- 460 Licensed Practical Nurses (LPN)
- 490 Unlicensed Assistive Personnel (UAP)

Medications

- All medications (including OTC, vitamins, O₂, etc.) must have current MD orders (711.09)
 - Current MD orders = less than 15 months old
 - Discontinue orders must be present
- All meds must be delegated by the nurse before being given to the resident (300.01)
- Medication Assistance Course
- Distribution System (310.01.a-f)
- Medications must be “on-site” for any MD orders (305.02)
- Meds through Hospice must comply with above

Assistance with PRNs

Determine if Resident is cognizant vs. not cognizant

- If cognizant, may make self-assessments
- UAPs can give a set dose at a set time
 - No judgments or distinctions (assessments)
 - 1-2 tablets
 - Every 2-4 hours for agitation
 - Oxygen 2-3 liters
- RN assessment and direction
- ◦ *see course handout:*
 - *Nurse/medication QA checklist*
 - *Nurse self medication assessment (best-practice form)*

Rectifying Medications

- *Rachel Corey

Assistance with eating/hydration

- Caregivers need instruction in assistance with eating
 - Different types of diets
 - Swallowing issues
 - Assistive devices – utensils, dishes, cups, etc.
 - OT, PT, ST: good training resource
- Res are not routinely provided enough fluids
 - Prompting/assistance is often necessary
 - Fluids at meal/snack time only is not enough

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- Which type of assistance with eating are assisted living staff REQUIRED TO offer when a resident needs assistance
 - A. verbal prompting
 - B. physical prompting
 - C. total physical assistance
 - D. all of the above

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- Which of the following is the MOST APPROPRIATE hydration program for cognitively impaired residents:
 - A. leaving a water pitcher on the resident's bedside table
 - B. approaching the resident every 2 hours and asking them if they were thirsty
 - C. verbally and physically prompting the resident to drink every 2 hours
 - D. keeping a supply of various juices, soda, water and coffee on a table in the community room

BREAK

- 10 minutes



Activities

Problem: Activities are not carried out in compliance with the rules

- Definition: All organized and directed social and rehabilitative services a facility provides, arranges, or cooperates with (010.03)
- Activity Policy: (151)
- Requirements for Activities: (210)
 - specific activity opportunities MUST be included
 - snacks not considered an activity!!!!

Negotiated Service Agreement (NSA)

- An agreement between the resident and the facility - the NSA must be implemented! (320)
- Must clearly identify the resident
- Provides for coordination of care/services
 - Describes who, what, where, when and how all care/services will be delivered
 - Includes the level of assistance the resident requires
 - Provides instruction to the facility staff
 - Identifies outside services/providers (who, what, where, when and how)

Negotiated Service Agreement cont.

- A living document -
 - it must be current - reflect the resident needs today
 - be updated annually AND as the residents' needs change
- Must be signed by the resident (or guardian) and the administrator
- Includes behavior symptoms/BMP as needed
- Facility staff must be familiar with NSAs, how to use them

Negotiated Service Agreement cont.

Problems:

- Not completed or it is not being followed
- Does not reflect resident needs/not updated
- BMPs not completed/adequate
- Not signed by required parties
- Staff are not familiar with the NSAs
- Form/format does not contain required information
- May be combined with the UAI for private pay residents
- Requirements for NSA (320) - ◦ *see course handout*
 - Interim plan (320)

Resident Records

Problems: Incomplete Resident Records:

Admission agreements, resident's rights, NSAs, BMPs, care notes, nursing assessments, incident reports, current physician's orders and treatments, care plans and notes from outside services

- Incongruent information in the records

- Rules:

- 330: Requirements for Records

- 710: Resident Care Records

- 711: Ongoing Resident Care Records

Coordination of Outside Services

- Rules: (320.02.p, 710.02.d, 711.07, 711.08.f)
- Applies to any agency providing services (RN, home health, hospice, PSR, day TX)
 - NSA: Clear guidelines of who is doing what, when, how, etc.
 - Ensures coordination with RALF staff
- Residents' provider of choice
- Provide copies of **Care Plan** and Updates
- Provide **copies of notes**
- **Contract** between facility and outside service

Policies and Procedures (P&P'S)

- Policy: a definite course or method of action...to guide and determine present and future decisions
 - Smoking on the grounds of ABC AL is permissible if conducted in a safe manner away from non-smoking residents and staff
- Procedure: a particular way of accomplishing something or of acting, or a series of steps followed in a regular definite order, or a traditional or established way of doing things
 - The ONLY designated smoking area on facility grounds is at the north end of the building in the area clearly marked “smoking area” and containing a “butt can”
 - Residents that smoke will be evaluated at least every 90 days by the administrator to be able to smoke safely
 - Residents voicing a desire to quit smoking will be provided smoking cessation information by the administrator and offered an MD appointment to discuss options with their physician
 - Facility staff will be educated to above during orientation and prn

P&P's cont

- The administrator must:
 - be familiar with
 - implement
 - assure on-going implementation
 - Review and revise as needed (such as changes in rules, resident needs, physical structure of the facility, staff, etc)

Living Environment

- The facility must enhance normalization and integration of residents into the community (250.01)
- The premises and all buildings must be kept free from accumulation of weeds, trash and rubbish (260.03.a)
- Material not directly related to the maintenance and operation of the facility must not be stored on the premises (260.03.b)

Living environment cont

- Prior to occupancy of any sleeping room by a new resident, the room must be thoroughly cleaned including the bed, bedding, and furnishings (260.06)
- Common shared and sleeping room furnishings: must be in good repair, clean, and safe (430.01 & 430.02)
- Resident Bed: clean, comfortable, and odor free (430.03)
- Basic services includes: housekeeping and maintenance (430.06)!

Menu & Food Supplies

- Must meet the Idaho Food Code (450)

Menu & food supplies cont

- Menu must be planned or approved, signed and dated by a registered dietitian (451.01)
- Must serve the planned menu and if substitutions are made the menu must be corrected to reflect the substitutions (451.01.d)
- Snacks must be available and offered between meals and at bedtime (451.02)

Menu & food supplies cont.

- Must maintain a 7 day supply of nonperishable foods and a 2 day supply of perishable foods(455)
- Must have the types and amounts of food to be served readily available to meet the planned menu (455)
- Must maintain 3 months of as served menus as well as corrected to reflect substitutions (740.02)

Kitchen inspections

- Must meet the Idaho Food Code (450)
 - Good Hygienic Practices.
 - Hand Washing
 - Bare Hand Contact of Ready to Eat Foods
 - Protection From Contamination
 - Potentially Hazardous Food Time/Temperature
 - Date marking of Potentially Hazardous Foods

Kitchen inspections cont.

- What are we going to look at and do???
- Watch if staff wash their hands and wear gloves at the appropriate times
- Are foods in the refrigerator at the right temperature
- Are foods cooked to the correct temperatures
- Is the kitchen clean
- Are food contact surfaces clean

Definition: Inadequate Care

- 520: Inadequate Care
- When a facility fails to provide the services required to meet the terms of the Negotiated Service Agreement, or provide for room, board, activities of daily living, supervision, first aid, assistance and monitoring of medications, emergency intervention, coordination of outside services, a safe living environment, or engages in violations of resident rights or takes residents who have been admitted in violation of the provisions of Section 39-3307, Idaho Code. (011.08)

Additional policies:

Acceptable admissions: 152.05.a

Common complaints called to the Licensing and Certification

- Resident care issues
- Resident rights
- Staffing issues
 - Amount of staff
 - Staff not trained
 - Staff not attentive to family concerns/complaints
- Facility environment
- Food/Dietary issues

Requirements for Complaints

- Complaint: A formal expression of dissatisfaction, discontent, or unhappiness by or on behalf of a resident concerning the care or conditions at the facility. This expression could be oral, in writing, or by alternative means of communication. (010.18)
- Requirements for handling complaints (350)
 - 02 Investigation and written report - 30 days
 - 03 Resident protection
 - 04 Written response to complainant

Reportable Incidents

- *Sydney Braithwaite

How to survive “the survey”...

- Different types of surveys
(Survey and Technical Assistance Guide - web)
 - Initial
 - Standard
 - Complaint investigation
 - Follow-up
- The survey process
 - A review of the facility to determine compliance with state statutes and rules.
 - health care
 - fire life safety
- In-house facility “mock” survey* (QA checklists - web)

Example: Standard Survey Observation/Interview/Record Review

- Entrance Conference
- Tour
- Sample Selection (3-10 residents)
- Observation/Interview/Record review
- Idaho Food Code
- Exit Interview
 - Potential Core items if any
 - Punch items if any
 - Technical assistance items if any

Observation

- Resident rights, meals, activities, medication assistance, resident behavior and demeanor, staff interaction, homelike environment and safety, resident appearance, staff ability to perform job duties, resident use of adaptive equipment, ADL's, positioning/transferring, skin integrity
- These observations evaluate if the facility promotes and protects resident rights and dignity, how the resident's needs and preferences are met, whether the NSA is being implemented, and whether residents are being assisted with medications in accordance with the requirements of the assistance with medication delegation model

Interviews

- With residents/family members/staff
 - Interviews are conducted to determine how the resident/family/staff perceives the services delivered by the facility, and to clarify information gathered during observations
 - Surveyors may visit day programs/work sites
 - Interviews with staff are to verify information obtained from other sources, obtain information about staff knowledge of a resident's need for services and supervision, identify the type and frequency of services provided, gain information about specific safety procedures and to validate training

Record Review

- The primary intent is to confirm and obtain needed information to make compliance decisions
- Resident Records:
 - assessments (RN, UAI), interim plan of care, NSA
 - admission agreement
 - Administrator/RN/staff/outside services care notes, incident reports
 - medication assistance, MD orders
- Staff records (600 – 645): job description, criminal history background, training (orientation, 1st Aid, CPR, specialized training, CE), med assist cert, nurse delegation ◦ *see course handout*

Idaho Food Code (kitchen inspection)

- Follow food code – paper handouts - CD

Non-compliance actions

- Immediate Danger (ID) Situations (900.01)
- Not ID – Core issues (900.03 - 05)
- Non-Core issues (910.01 – 03)
- Technical Assistance

Non-compliance actions cont

- Immediate Danger (ID) Situations (900.01):
 - Correction on-site
 - Appoint temporary management
 - Summarily suspend the facility's license and transfer residents
- Not ID – Core issues (900.03 - 05)
 - Enforcement Action A
 - Enforcement Action B
 - Enforcement Action C
- Non-Core issues (910.01 - 03)

What is a Core? (010.20)

- A core issue deficiency could be one serious instance of non-compliance. It also could be a collection of non-core situations that taken together indicate there is a system failure

- A core issue is any one of the following:
 1. abuse (510)
 2. neglect (525)
 3. exploitation (515)
 4. inadequate care (520)
 5. the facility has operated for more than 30 days without a licensed administrator (215.03)
 6. inoperable fire detection or extinguishing systems with no fire watch in place (415.06)
 7. surveyors denied access to records, residents or facility (130.04)

Core Continued:

- The facility must develop a Plan of Correction (POC/130.08) for all core-issue deficiencies within 10 calendar days of receipt of the Statement of Deficiencies and Plan of Correction Form
(completed off-site after survey exit)
- An acceptable plan of correction must include:
 - A plan to assure correction of each deficient practice and to assure ongoing compliance
 - Describe how and the frequency that the corrective actions will be monitored to assure that each deficient practice is corrected and will not reoccur, such as what program will be put into place to monitor the continued effectiveness of the systemic change.
 - State the correction date – no more than 60 days from the inspection exit date.
 - Administrator's signature and the date submitted

What is a non-core item (010.26)? (punch)

- Issues that do not rise to the level of a core or do not meet the definition of a core
- A written report of non-core issues (punch list) will be presented to the administrator at the exit conference
- The facility must provide Evidence of Resolution (EOR/130.09) of non-core issues, within 30 calendar days of the exit conference
 - i.e.: pictures, receipts, policies, training, delegation, schedules, nurse assessments, other records, etc.

What is Technical Assistance?

- Promotes quality of life and care by adding value to the regulatory process to providers
- “Survey and Technical Assistance Guide”
- May include:
 - Interpretation of licensing requirements
 - Guidance related to resident quality of life
 - Review of providers systems/processes/policies
 - Provision of info regarding non-core issues
 - Provision of info related to available resources
 - Best practice information
 - Other...
- **Available via phone - L&C M-F 8 a.m. – 5 p.m.**

Hot Topics

- Assistance with ADLs
- Assistance with mobility/repositioning (side rails)
- Diets/assistance with meals
- Hydration protocols
- Wandering/secure environment
- Supervision: Residents that stay in their rooms
- Fall Prevention
- The Be-Nos (152.05.a-h)
- MRSA (methicillin resistant Staphylococcus aureus)
- Wounds - pressure ulcers
- Treatments (Baclofen pump, wound-vac, etc.)
- Call systems
- Resident/Family/Staff Satisfaction - decreasing complaints

Other Topics:

- Emergency Services (153, 305.03, info letters)
 - Facility policy and procedure/staff knowledge
 - Nurse or 911 contacted first
 - Access to medical care – MD offices/ED
- Complaints
 - Within the facility (360.01 - 07)
 - To L&C about a facility (140.01 - 05)
- A&D registers (725.01-02 and 711.14)
- Personnel records (009, 620, 625, 630, 640, 645)
- *Fire and Life Safety (400 – 420, 750)*
 - Oxygen tanks, extension cords

Course Overview Questions????

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